

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 08/04/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: NOVEL G-PROTEIN COUPLED RECEPTORS

Attorney Docket Number:: 018781-004721US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::  
Family Name:: Powers  
Name Suffix::  
City of Residence:: Greenlawn  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 6 Westbrook Court  
City of Mailing Address:: Greenlawn  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 11740

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jianxin  
Middle Name::  
Family Name:: Yang  
Name Suffix::  
City of Residence:: Commack  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 5 Rimlet Drive  
City of Mailing Address:: Commack  
State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11725

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gene

Middle Name::

Family Name:: Cutler

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1935 Franklin Street, #705

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94109

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/546,986	04/11/00
09/546,986	Continuation-in-part of	09/524,730	03/14/00

**Foreign Priority Information**

Country::

Application number::

Filing Date::

**Assignee Information**

Assignee Name::

Tularik Inc.

Street of mailing address::

1120 Veterans Boulevard

City of mailing address::

South San Francisco

State or Province of mailing address::

CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94080